

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-15
Baltimore, Maryland 21244-1850



Health Plan Benefits Group/CBC

DATE: December 17, 2002

TO: All Medicare+Choice Organizations

FROM: Gary Bailey, Director

SUBJECT: Reminder of Various 2003 M+C Issues

The purpose of this memo is to remind you of important dates for the 2003 contract year. We mentioned these dates in our 2003 renewal instructions, but, since we will not be mailing you a separate contract for 2003 as we have in the past, we wanted to make sure that you were aware of this important information. As indicated in the 2003 instructions there has been minor change to Attachment B, Certification Of Risk Adjustment Data Information Relating To CMS Payment To A Medicare+Choice Organization, of the contract. The revision of Attachment B is attached to this memorandum. It is due on December 31, 2002 and it should be mailed to:

Dawn Johnson
Centers for Medicare & Medicaid Services
CBC/HPBG/DHPA
C4-23-07
7500 Security Blvd.
Baltimore, MD 21244

We would also like to remind you of some other issues.

- The actual payment of the reentry bonus of section 512 of the Balanced Budget Refinement Act and section 608 of Benefits Improvement and Protections Act (BIPA) will expire at the end of CY 2003.
- 2003 is the first year of the BIPA 606 Part B premium reduction.
- We will continue to waive the requirement related to PIP disclosure to CMS until the Notice of Proposed Rulemaking we published on October 25, 2002 becomes final.
- The 45-day notice (M+C rate announcement) will occur on May 12, 2003.
- ACRs will be due for contract year 2004 on September 8, 2003.
- The Annual Enrollment Period for calendar years 2002-2004 is November 15th – December 31st.
- Enrollment “lock-in” has been delayed until 2005.

Please direct any questions regarding this memorandum to Darin Wipperman of my staff at 410.786.7172.

Cc: Regional Office Managed Care contacts
Central Office

ATTACHMENT B

CERTIFICATION OF RISK ADJUSTMENT DATA INFORMATION RELATING TO CMS PAYMENT TO A MEDICARE+CHOICE ORGANIZATION

Pursuant to the contract(s) between the Centers for Medicare and Medicaid Services (CMS) formerly the Health Care Financing Administration (HCFA) and (INSERT NAME OF M+CO), hereafter referred to as the M+CO, governing the operation of the following Medicare +Choice plans (INSERT PLAN IDENTIFICATION NUMBERS HERE), the M+CO hereby requests payment under the contract, and in doing so, makes the following certification concerning CMS payments to the M+CO. The M+CO acknowledges that the information described below directly affects the calculation of CMS payments to the M+CO or additional benefit obligations of the M+CO and that misrepresentations to CMS about the accuracy of such information may result in Federal civil action and/or criminal prosecution.

The M+CO has reported to CMS for the period of (INDICATE DATES) all required risk adjustment data available to the M+CO with respect to the above-stated M+C plans. Based on best knowledge, information, and belief, as of the date indicated below, all information submitted to CMS in this report is accurate, complete, and truthful.

(INDICATE TITLE [CEO, CFO, or delegate])
on behalf of (INDICATE M+CO)
